Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information un	nless it displays a valid OMB control numbe	
	ete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/588,	376 Conf. No.: 8436	
	y 26, 2007	
For FY 2009 First Named Inventor Tatsuhi	ro MATSUDA	
Applicant claims small entity status. See 37 CFR 1.27	ENA	
Art Unit 2128		
TOTAL AMOUNT OF PAYMENT (\$) 940.00 Attorney Docket No. 1794-0	187PUS1	
METHOD OF PAYMENT (check all that apply)		
Check Credit Card Money Order None Other (please identify):		
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)		
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee		
Charge any additional fee(s) or underpayments of fee(s)		
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card		
information and authorization on PTO-2038.		
FEE CALCULATION		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	011 FEF0	
FILING FEES SEARCH FEES EXAMINATI  Small Entity Small Entity Sm	all Entity	
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$)	ee (\$) Fees Paid (\$)	
· · · · · · · · · · · · · · · · · · ·	110 0.00	
Design 220 110 100 50 140	700.00	
Plant 220 110 330 165 170	85	
Reissue 330 165 540 270 650	325	
Provisional 220 110 0 0 0	0.00	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)		
Fee Description Each claim over 20 (including Reissues)	Fee (\$) 52 26	
Each independent claim over 3 (including Reissues)	220 110	
Multiple dependent claims	390 195	
Total Claims	Multiple Dependent Claims	
14 - 20 or HP = 0 x = 0.00	Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.	0.00	
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> 2 -3 or HP = 0 x = 0.00	<del></del>	
2 - 3 or HP = 0 x = 0.00  HP = highest number of independent claims paid for, if greater than 3.		
3. APPLICATION SIZE FEE		
If the specification and drawings exceed 100 sheets of paper (excluding electronically t		
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	entity) for each additional 50	
sheets of traction thereof. See 30 U.S.C. $41(a)(1)(G)$ and $37 \text{ CFR} \cdot 1.16(S)$ .  Total Sheets Extra Sheets Number of each additional 50 or fraction there $-100 = 0$ /50 = 0 (round up to a whole number)		
4. OTHER FEE(S)		
Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$) 0.00	
Other (e.g., late filing surcharge): RCE \$810.00; First Month Extension of Time \$130.00		
Other (e.g., late ming surcharge): NGC 40 10,00, First Month Extension of Time \$150.00	940.00	

This collection of Information is required by 3T CFR 1.136. The information is required to obtain or retain a benefit by the public which is to figure fair by the USPTO be process) an application. Conformality is governed by \$5 U.S.C. 125 and 37 CFR 1.14. This collection is estimated to the 30 minutes to complete, including againstring, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time pur sequire to complete this flow market vagospiscons for modering this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Nexemdia, VA.22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND IOT Commissionor for Patents, P.O. Box 1450, Nexemdia, VA.22313-1450.

Signature

Name (Print/Type) Paxil C. Lewis

Registration No. 43368

Telephone 703-205-8000

Date August 16, 2010